

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Discuss the soldiers Army Physical Fitness Test Failure (Diagnostic Test) IAW AR 350-41, Chapter 9.
- Discuss possible methods in which to correct substandard performance.
- Discuss possible repercussions of consecutive Record APFT failures.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

Results of APFT:

- On (Date)_____ you were administered an APFT (Diagnostic Test). You achieved the following scores:

Push-ups (reps/score) ____/____ Sit-ups (reps/score) ____/____ 2 Mile Run (time/score) ____/____

- You failed to achieve a passing score in the following events: (indicated by the check mark)

Push-ups ____ Sit-ups ____ 2 Mile Run ____

Actions:

- As a result of your performance, I am (recommending)(directing) that the following actions be taken (circle appropriate action):

- You be enrolled in the Special Population PT Program beginning (Date)_____, location _____
- Be removed from any participation in unit sports teams
- Other: _____

Information Only:

- Soldier was informed that has this been a record test failure, he/she would have up to 3 months in which to retake and Pass the APFT.
- Had this been a record test, the soldier could be flagged and/or barred.
- Two consecutive APFT failures are grounds for separation.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

Based upon this counseling session, I have offered the following options to the soldier and he/she has elected to do the following: (indicated by the soldier's initials)

- Closely supervise the soldier during unit PT _____
- Offer the soldier the opportunity to workout with me during lunch or after the normal duty day _____
- Review the soldier's physical conditioning with Unit Master Fitness Trainer _____
- Schedule the soldier an appointment with the dietician _____
- Provide the opportunity for the soldier to meet with a dietician and unit master fitness trainer _____

Soldier gave the following reasons for poor performance during this APFT:

We will conduct a follow up on this counseling two weeks from today to discuss progress.

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

- Conduct separation counseling
- Monitor Progress

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.